
# *MISSOURI CARE OPTIONS*

## *Missouri Department of Social Services*
## *Division of Aging*

## Report for Fiscal Year 1995

*Research and Evaluation Unit*
*October 1995*

# Division of Aging

# MISSOURI CARE OPTIONS

# Report for Fiscal Year 1995

*Missouri Department of Social Services*
*221 West High Street*
*P.O. Box 1527*
*Jefferson City, Missouri 65102-1527*

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# *Introduction*

Missouri Care Options (MCO) was implemented October 1, 1992, by the Department of Social Services and the Division of Aging (DA) by authority of the General Assembly budget appropriation process. In 1995 MCO was added to the statutory authorization of the Division of Aging. The program works to:

- promote quality home and community based long-term care;
- moderate the growth in Medicaid payments to nursing homes by offering choices for home and community based care; and
- enhance the integrity, independence and safety of Missouri's older adults.

This report summarizes data collected by the Division of Aging during the MCO referral and screening process.

# *MCO At A Glance*

## Referrals

Since MCO's inception, almost 48,000 referrals for screening were documented by DA's Central Registry Unit (CRU). From fiscal year 1994 to 1995, the number of referrals increased 10.5 percent. Almost three-fourths of the referrals were routed to DA field staff for further screening; over 30,000 of those referrals were completed by DA field staff.

| MCO REFERRALS | FY 1993 | FY 1994 | FY 1995 | Total |
|---|---|---|---|---|
| Referrals documented by the CRU | 13,532 | 16,340 | 18,063 | 47,935 |
| Referrals routed to DA field staff | 9,449 | 11,987 | 13,272 | 34,708 |
| Referrals completed by DA field staff | 8,397 | 10,339 | 11,715 | 30,451 |

## Client Base

During MCO's three years of operation, 8,072 persons were authorized for MCO services. Of those, 67.5 percent were authorized for home-based services and 32.5 percent for personal care in a residential care facility (RCF). The number of clients authorized for home-based services increased 72 percent from fiscal year 1994 to 1995. MCO clients receiving personal care in RCFs went from less than 500 in fiscal year 1994 to 2,537 in fiscal year 1995 as a result of new funding for this service.

| MCO CLIENTS | FY 1993 | FY 1994 | FY 1995 | Total* |
|---|---|---|---|---|
| Receiving home-based services | 1,274 | 2,407 | 4,146 | 5,447 |
| Residing in a RCF | 28 | 458 | 2,537 | 2,625 |
| **Total Clients (authorized for services)** | **1,302** | **2,865** | **6,683** | **8,072** |

***** unduplicated

## Costs of Providing Services to MCO Clients

Over $18 million was spent to provide MCO client services since the beginning of the program. The majority of the costs were incurred during fiscal year 1995 as the number of clients served more than doubled from fiscal year 1994 to 1995. The split between general revenue and federal costs in fiscal year 1995 was 42 percent and 58 percent, respectively.

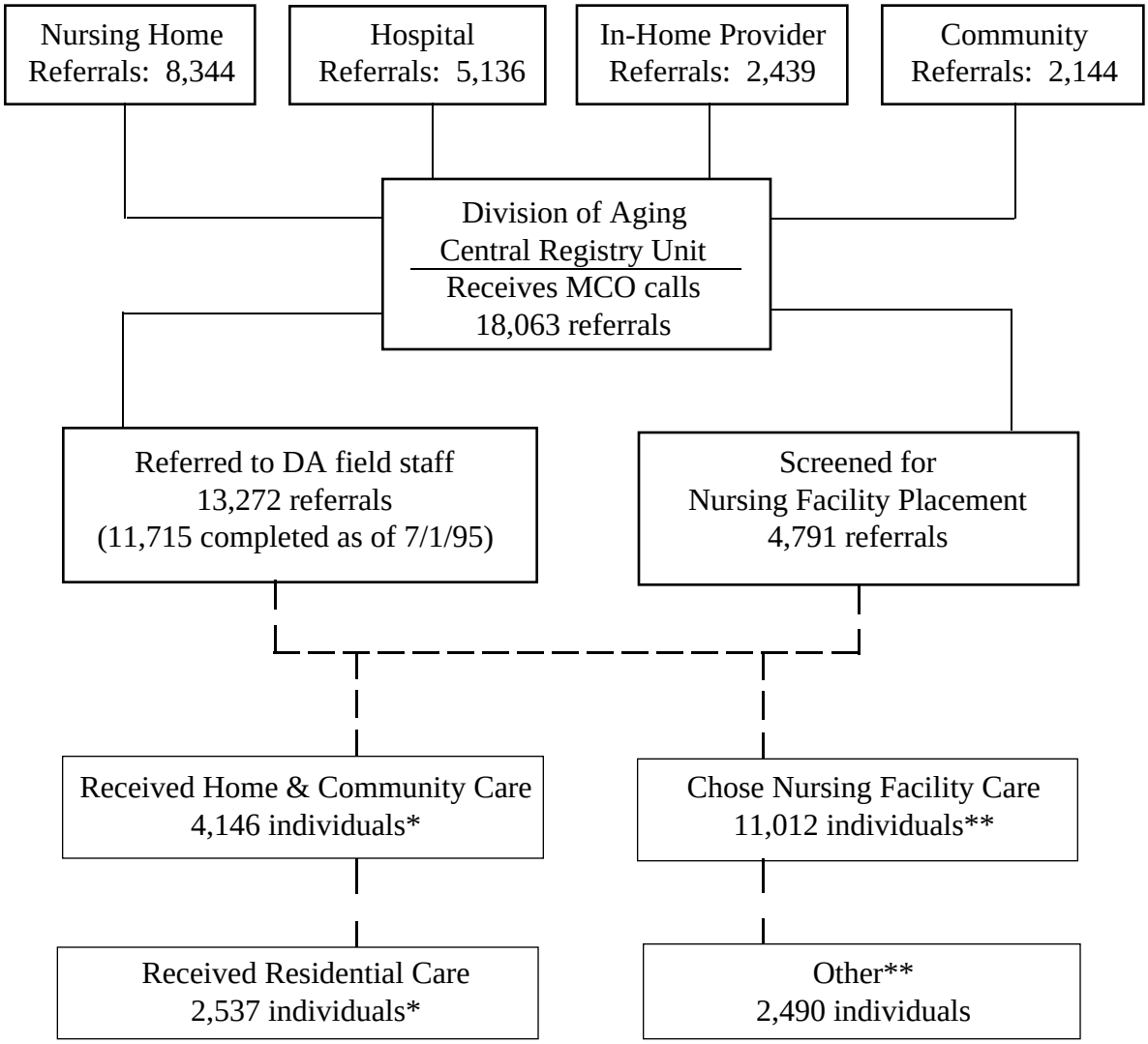
| MCO COSTS | FY 1993 | FY 1994 | FY 1995 | Total |
|---|---|---|---|---|
| General Revenue Costs | $450,638 | $1,832,054 | $5,596,294 | $7,878,986 |
| Federal Costs | $673,510 | $2,304,203 | $7,589,053 | $10,566,766 |
| **Total Costs** | **$1,124,148** | **$4,136,257** | **$13,185,347** | **$18,445,752** |

## Nursing Facility Cost Avoidance as a Result of Helping MCO Clients Stay at Home or in the Community

Over $69.7 million in nursing facility costs were avoided in the past three years by helping MCO clients stay at home or in the community instead of entering a nursing home. This amount more than doubled from fiscal year 1994 to 1995 as a result of serving more than twice the number of MCO clients.

| NURSING FACILITY COST AVOIDANCE | FY 1993 | FY 1994 | FY 1995 | Total |
|---|---|---|---|---|
| General Revenue | $2,084,938 | $6,114,001 | $19,840,968 | $28,039,907 |
| Federal | $3,140,844 | $9,583,170 | $28,971,341 | $41,695,355 |
| **Total Cost Avoidance** | **$5,225,782** | **$15,697,171** | **$48,812,309** | **$69,735,262** |

# *1995 Program Synopsis*




* Clients authorized for services in FY 1995 were screened in FY 1993, 1994 or 1995.

** Other refers to those who did not receive a qualifying service, had no change in service, entered private pay facility or died; rescreenings are included.

### *Program Notes*

>> $48.8 million in nursing facility costs were avoided by MCO in FY 1995.

>> Medicaid Personal Care and Homemaker were the most used services.

>> The average time spent as an MCO client was 6.7 months.

>> The average age of MCO-RCF clients was 60, and the average age was 76 for MCO clients receiving home-based services.

# *MCO*
# *PROGRAM DATA*

# *MCO Implementation*

MCO is based, in part, on screenings of persons considering nursing facility care to inform them of their options when choosing the care and care setting that is best for them. Options are also offered to carefully screened nursing facility residents for home and community-based services, should they so choose. MCO identifies persons who need state-funded long-term care and:

- have low-level maintenance health care needs but are "medically eligible" for nursing facility care;
- are considering nursing facility placement and need to know all available care options;
- could reasonably have their care needs met outside a nursing facility; and
- prefer to remain in a home or community based care setting.

Adults who may benefit from MCO are screened by:

(1) DA social workers prior to or shortly after admission to the nursing facility;
(2) DA facility inspection staff during the survey/inspection process; or
(3) Area Agencies on Aging upon inquiry about home delivered meals.

The Central Registry Unit (toll-free hotline 1-800-392-0210), with a statewide electronic data base, is the clearing house for receipt of referrals for screening. The unit is linked to the DA case management data base for tracking the outcomes of screenings including cost of care.

## *Definition of a MCO Client*

Upon completion of the screening process, the referred person is determined to be a MCO client if the individual meets the following specifications:

- is considering nursing home placement and is screened by DA;
- has level of care points of 18 or greater (calculated from an assessment of a client's medical and functional needs; a minimum of 18 points is required to be eligible for Medicaid long-term care);
- receives a qualifying service (home and community-based service funded by MCO appropriations) or an increase in service(s); and
- is Medicaid eligible unless receiving an Area Agency on Aging home delivered meal only, or within "spenddown" range of Medicaid eligibility.

# *Referrals*

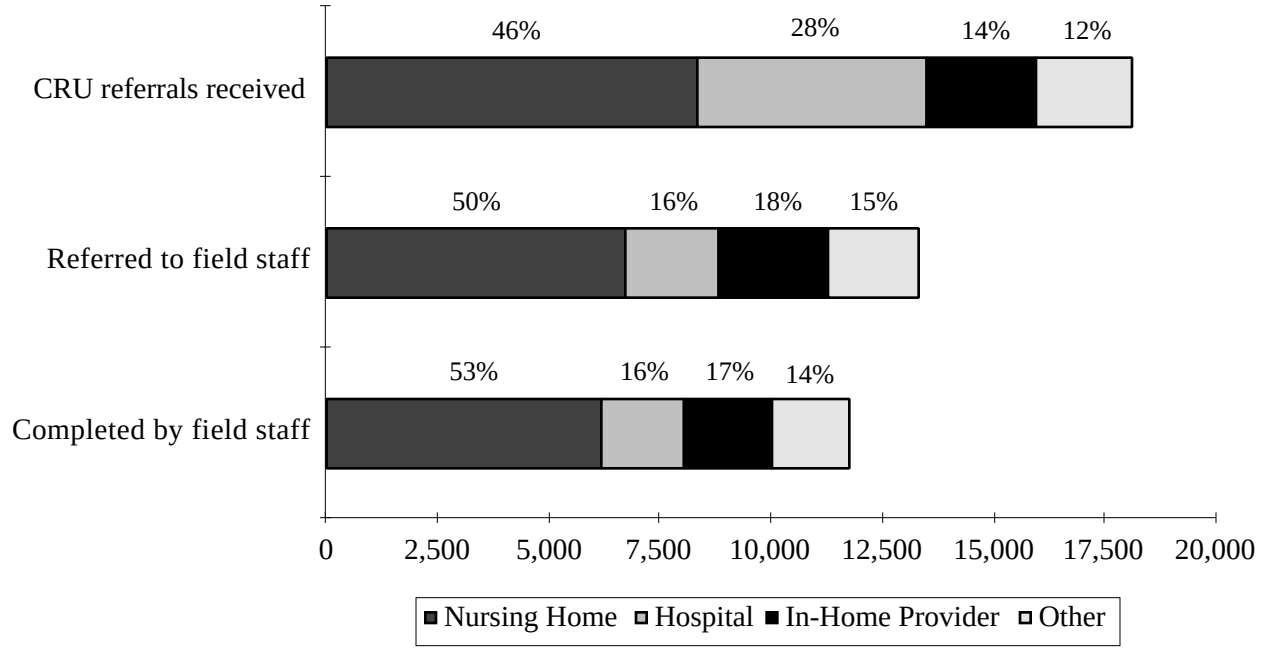
Over 18,000 MCO referral calls were received by the Central Registry Unit (CRU) during fiscal year 1995. Compared to fiscal year 1994, the number of referrals increased by 10.5 percent. After the CRU completed preliminary screenings, 13,272 of the referrals were forwarded to DA social workers for further screening. By the end of June, 11,715 referral screenings had been completed by DA field staff.

**MCO REFERRALS**

| Fiscal Year | CRU Referrals Received | % Change | Referred to Field Staff | % Change | Completed by Field Staff | % Change |
|---|---|---|---|---|---|---|
| 1993 | 13,532 | | 9,449 | | 8,397 | |
| 1994 | 16,340 | 20.8% | 11,987 | 26.9% | 10,339 | 23.1% |
| 1995 | 18,063 | 10.5% | 13,272 | 10.7% | 11,715 | 13.3% |

The major sources of referral calls were nursing homes, hospitals and in-home service providers. Other sources included Department of Social Services workers, families, home health and hospice agencies, clients, Area Agencies on Aging, mental health providers, other health care providers and the Ombudsman Program.

**MCO REFERRALS BY REFERRAL SOURCE**



# *Client Base*

During fiscal year 1995, MCO clients authorized for services totaled 6,683. Of those, 62 percent were authorized to receive home-based services and 38 percent to receive personal care services in a residential care facility (RCF). The number of eligible persons residing in RCFs increased almost six-fold as a result of new funding for personal care services in RCFs.

| | MCO CLIENT BASE | | | | NON-MCO CLIENT BASE | | | |
|---|---|---|---|---|---|---|---|---|
| Fiscal Year | Receiving Home-Based Services | % Change | Residing in a RCF | % Change | Chose Nursing Home | % Change | Not Receiving Qualifying Services | % Change |
| 1993 | 1,274 | | 28 | | 7,620 | | 2,208 | |
| 1994 | 2,407 | 88.9% | 458 | 1,535.7% | 12,061 | 58.3% | 2,397 | 8.6% |
| 1995 | 4,146 | 72.2% | 2,537 | 453.9% | 11,012 | -8.7% | 2,490 | 3.9% |

Of MCO clients authorized for services in fiscal year 1995, 55 percent entered during the current fiscal year while 45 percent became clients in fiscal year 1993 or fiscal year 1994. Of new entrants, 58 percent were authorized for home and community-based services and 42 percent for personal care services in a RCF.

After screening, 11,012 persons entered or remained in a nursing home and 2,490 did not receive qualifying services, had no change in service, entered or remained in a private pay facility or passed away before a long-term care decision could be made. For those who chose nursing home care, the main reason for their decision was that home or community-based services or their families could not meet their needs.

| REASONS WHY NON-MCO CLIENTS CHOSE NURSING HOME CARE | |
|---|---|
| Services/family cannot meet needs | 77.5% |
| Chose to enter/remain in a Medicaid nursing facility | 16.8% |
| Chose to enter/remain in a short-term Medicaid nursing facility | 2.3% |
| Medicaid eligible only in a nursing facility | 0.2% |
| RCF not available | 0.2% |
| Other | 0.4% |
| Reason unknown | 2.5% |

# *Client Services*

Of the MCO clients authorized for services, 5,406 received a service that was paid for during fiscal year 1995. Over 1.3 million delivered units of MCO client services were paid for during fiscal year 1995. An average of 253 units were received per client.

Services most often received were personal care and homemaker. Over 2,000 clients received personal care while residing in a RCF. Meals were delivered to the homes of 389 MCO clients.

**MCO CLIENT SERVICES**

| Fiscal Year | MCO Clients With Paid Services | % Change | Delivered Units Of Services | % Change | Average Units Per MCO Client | % Change |
|---|---|---|---|---|---|---|
| 1993 | 917 | | 121,083 | | 132 | |
| 1994 | 1,902 | 107.4% | 442,967 | 265.8% | 233 | 76.5% |
| 1995 | 5,406 | 184.2% | 1,365,612 | 208.3% | 253 | 8.6% |

**MCO CLIENT SERVICES PAID FOR DURING FISCAL YEAR 1995**

| Services | MCO Clients Receiving | % of Total | Delivered Units* | Average Units Per Client |
|---|---|---|---|---|
| Title XIX Personal Care | 2,653 | 49% | 480,370 | 181 |
| Title XIX Homemaker | 2,058 | 38% | 237,208 | 115 |
| Title XIX RCF-Personal Care | 2,021 | 37% | 355,823 | 176 |
| Title XIX RN Visits | 419 | 8% | 5,545 | 13 |
| Title XIX Hourly Respite | 355 | 7% | 68,940 | 194 |
| Title XIX Home Health | 260 | 5% | 17,468 | 67 |
| Title XIX Advanced Personal Care | 207 | 4% | 28,290 | 137 |
| Title XIX Adult Day Care | 52 | 1% | 4,577 | 88 |
| Title XIX Respite | 24 | <1% | 470 | 20 |
| Block Grant Personal Care | 564 | 10% | 50,452 | 89 |
| Block Grant Homemaker | 511 | 9% | 32,475 | 64 |
| Block Grant Hourly Respite | 100 | 2% | 13,400 | 134 |
| Block Grant RN Visits | 68 | 1% | 577 | 8 |
| Block Grant Advanced Personal Care | 45 | <1% | 3,530 | 78 |
| Title III-C/Home Delivered Meals | 389 | 7% | 64,099 | 165 |
| Title III-B, Title III-D | 26 | <1% | 1,057 | 41 |
| RCF-Cash Grant | 7 | <1% | 1,331 | 190 |
| **TOTAL (unduplicated)** | **5,406** | | **1,365,612** | **253** |

* 1 unit=1 hour; 1 adult day care unit=1 day; 1 home delivered meal unit=1 meal

# *Costs*

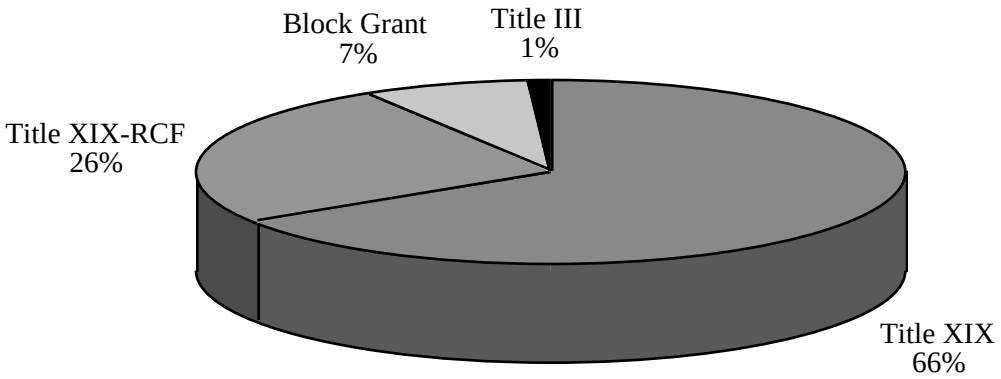
Total MCO costs amounted to $13,185,347 during fiscal year 1995. This was more than three times the amount spent in fiscal year 1994 because of a two-fold increase in the number of clients being served. The split between General Revenue and Federal costs was 42 percent and 58 percent respectively.

**MCO COSTS**

| Fiscal Year | General Revenue | % Change | Federal | % Change | Total Costs | % Change |
|---|---|---|---|---|---|---|
| 1993 | $450,638 | | $673,510 | | $1,124,148 | |
| 1994 | $1,832,054 | 306.5% | $2,304,203 | 242.1% | $4,136,257 | 267.9% |
| 1995 | $5,596,294 | 205.5% | $7,589,053 | 229.4% | $13,185,347 | 218.8% |

Two-thirds of MCO costs were funded by Title XIX (Medicaid) dollars. One-fourth of costs were for personal care in a RCF, funded also by Title XIX dollars. Block grant funds were used for seven percent of service costs and Title III for one percent of costs. RCF-cash grants accounted for less than one percent of total costs.

**FY 1995 MCO COSTS BY FUNDING SOURCE**



# *Nursing Facility Cost Avoidance*

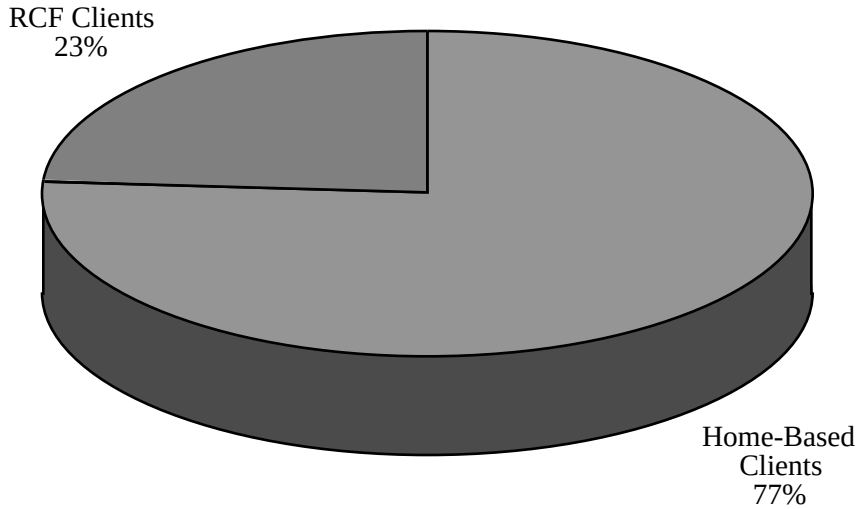
Nursing facility cost avoidance amounts were determined by subtracting the actual home and community-based service costs for MCO clients from the costs of a Medicaid nursing facility* for the same number of days. Nursing facility costs avoided in fiscal year 1995 totaled $48.8 million, more than three times that seen in fiscal year 1994. Again, the large increase was a result of the increase in the number of authorized clients.

**NURSING FACILITY COST AVOIDANCE**

| Fiscal Year | General Revenue | % Change | Federal | % Change | Total Cost Avoidance | % Change |
|---|---|---|---|---|---|---|
| 1993 | $2,084,938 | | $3,140,844 | | $5,225,782 | |
| 1994 | $6,114,001 | 193.2% | $9,583,170 | 205.1% | $15,697,171 | 200.4% |
| 1995 | $19,840,968 | 224.5% | $28,971,341 | 202.3% | $48,812,309 | 211.0% |

Almost one-fourth of total avoided costs, or approximately $11.5 million, was attributable to MCO clients authorized for personal care services in a RCF. The remaining 77 percent, or around $37.4 million, was a result of authorizing MCO clients for home-based services.

**FY 1995 NURSING FACILITY COST AVOIDANCE ATTRIBUTABLE TO MCO**




* FY 1993 and FY 1994 Medicaid per diem rate: $16.00 GR, $24.00 Federal
FY 1995 Medicaid per diem rate: $18.72 GR, $26.96 Federal

# *Client Demographics*

## Age

With an average age of 60 years old, MCO clients residing in RCFs were significantly younger than both MCO clients authorized for home-based services and non-MCO clients. Clients authorized for home-based services were on average 76 years old, which was significantly younger than non-MCO clients who entered or remained in nursing facilities.

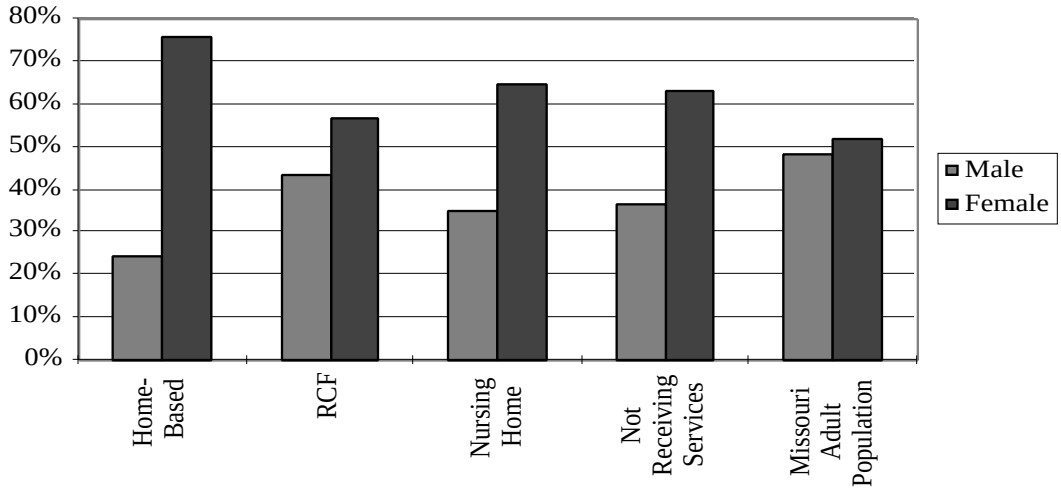
**AGE OF THE CLIENT BASE**

| Age | Home-Based | RCF | Nursing Home | Not Receiving Services |
|---|---|---|---|---|
| Under 60 | 12% | 48% | 9% | 16% |
| 60-64 | 5% | 6% | 4% | 5% |
| 65-74 | 22% | 15% | 16% | 17% |
| 75-84 | 35% | 17% | 34% | 31% |
| 85 and older | 26% | 15% | 37% | 32% |
| **Average Age** | **75.5** | **59.8** | **78.4** | **74.7** |

## Gender

Reflective of the elderly population, more women than men went through the MCO screening process. As women are more likely to live longer and to be widowed, they are more likely to need long-term care. MCO clients receiving home-based services were more likely to be female than either MCO clients in RCFs or non-MCO clients.

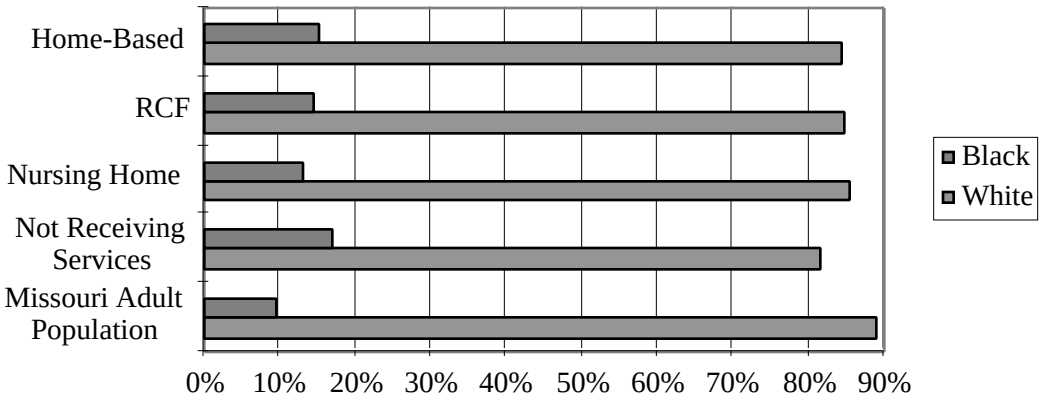
**GENDER OF THE CLIENT BASE**



## Race

Compared to the state's adult population, a higher percentage of black people were screened through the MCO process. Around ten percent of Missouri's adult population is black; of MCO clients, 15 percent of those authorized for home-based services and 14 percent of RCF residents were black. Thirteen percent of non-MCO clients who entered or remained in a nursing facility and 17 percent of those who did not receive services were black.

**RACE OF THE CLIENT BASE**




## Region

Compared to regional percentages of both the adult state population and Medicaid eligibles, the Southeast region had the highest percentage of clients authorized for home-based services; the Northeast area had a higher proportion of RCF clients. Compared to Medicaid eligibles, Metro Kansas City and Metro St. Louis had higher proportions of MCO screenings choosing nursing home care.

**CLIENT BASE BY REGION**

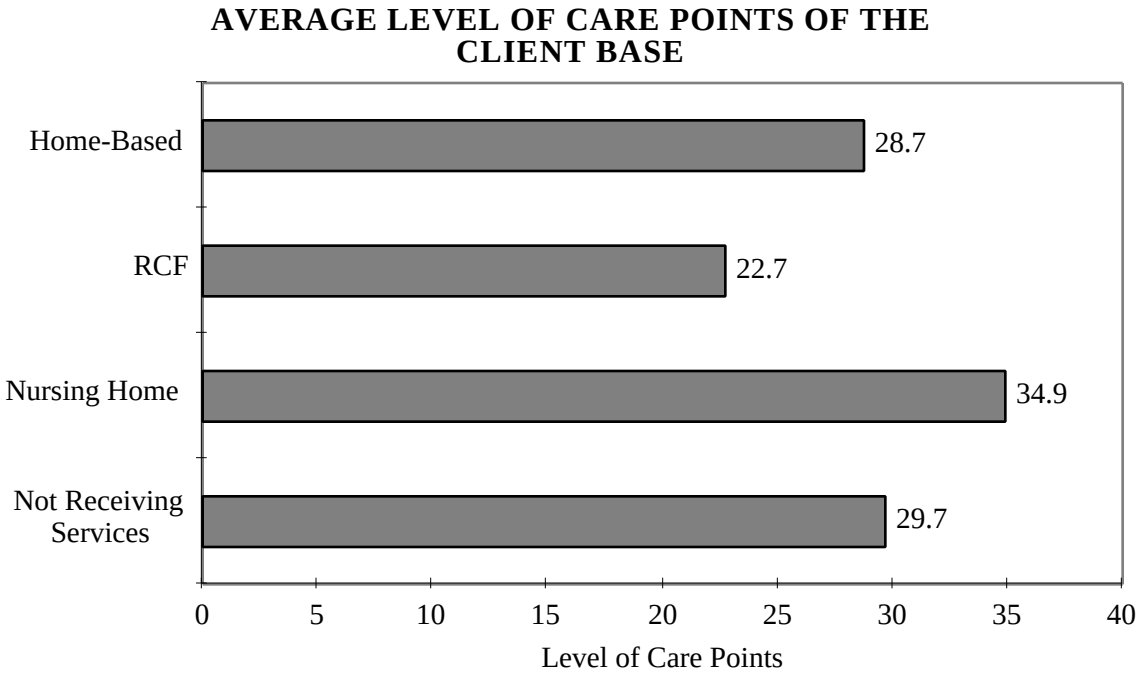
| Region | Home-Based | RCF | Nursing Home | Not Receiving Services | MO Adult Population | Medicaid Eligibles* |
|---|---|---|---|---|---|---|
| 1 South Central | 12% | 12% | 12% | 11% | 10% | 11% |
| 2 Southeast | 29% | 14% | 11% | 14% | 8% | 14% |
| 3 West Central | 8% | 5% | 6% | 5% | 5% | 5% |
| 4 Northwest | 7% | 5% | 6% | 7% | 5% | 5% |
| 5 Northeast | 6% | 8% | 5% | 5% | 4% | 5% |
| 6 Central | 10% | 9% | 9% | 9% | 10% | 9% |
| 7 Metro Kansas City | 7% | 13% | 19% | 16% | 18% | 15% |
| 8 Metro St. Louis | 11% | 17% | 20% | 18% | 28% | 15% |
| 9 St. Louis City | 8% | 10% | 9% | 12% | 8% | 16% |
| 10 Southwest | 3% | 6% | 4% | 4% | 3% | 4% |

* Based on the average monthly number of eligible individuals, ages 18 or older, issued Medicaid cards during FY 1995.

## Level of Care

During the screening process, the level of care points for a client are determined from an assessment of that person's medical and functional needs as well as the ability to provide a variety of personal services. A minimum of 18 points is required to be eligible for Medicaid long-term care in a nursing facility or for home and community-based services.

The average level of care points for MCO clients in a RCF was 22.7 and for those authorized for home-based services, 28.7. The higher the level of care points, the greater the likelihood that in-home services will not enable an individual to stay at home. Therefore, it is not surprising that non-MCO clients who entered or remained in a nursing facility averaged 34.9 level of care points, significantly higher than MCO clients' scores. The major reason why non-MCO clients entered or remained in nursing homes is because in-home services or their families cannot meet their long-term care needs.

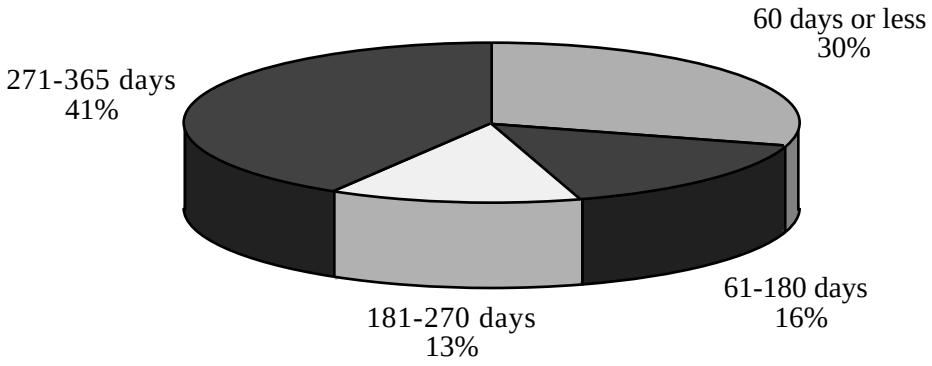


## Length of Time as a MCO Client

MCO clients who were authorized to receive services during the fiscal year spent an average of 204 days as clients during fiscal year 1995. The number of days as a client ranged from one to 365 days. The largest proportion spent nine to twelve months as clients.

Forty-four MCO clients newly authorized in fiscal year 1995 were identified as having gone to a nursing home after having been a MCO client. These persons averaged 48 days as clients before entering a nursing facility.

**LENGTH OF TIME AS A MCO CLIENT DURING FY 1995**



# *LONG-TERM CARE EXPENDITURES*

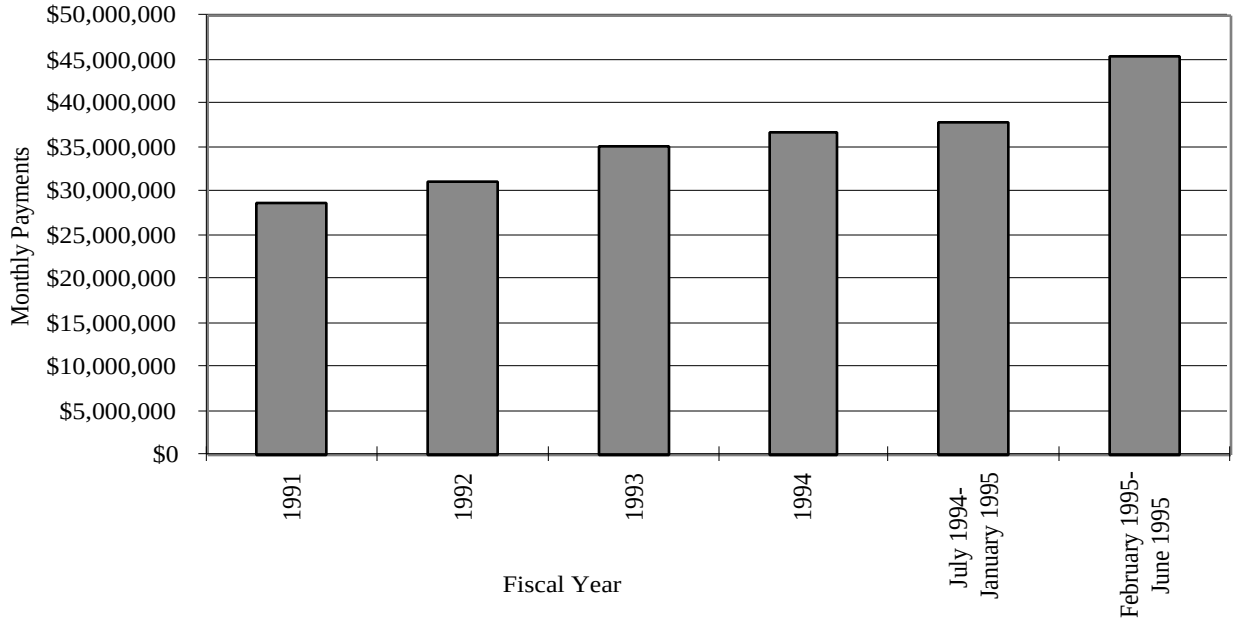
# *Medicaid Payments to Nursing Facilities*

Medicaid reimbursements to nursing facilities grew from $343 million in fiscal year 1991 to over $492 million in fiscal year 1995, a 44 percent increase. The large increases in fiscal years 1993 and 1995 were a result of large rate readjustments rather than large increases in nursing home residents. At the beginning of fiscal year 1993, the Medicaid per diem rate was increased by $4.70. In January 1995, the per diem rate was rebased, averaging an increase of $11.69. **Had reimbursements continued during the last five months of fiscal year 1995 as they had the first seven months, payments would have only increased by about three percent.**

**MEDICAID NURSING FACILITY STATISTICS**

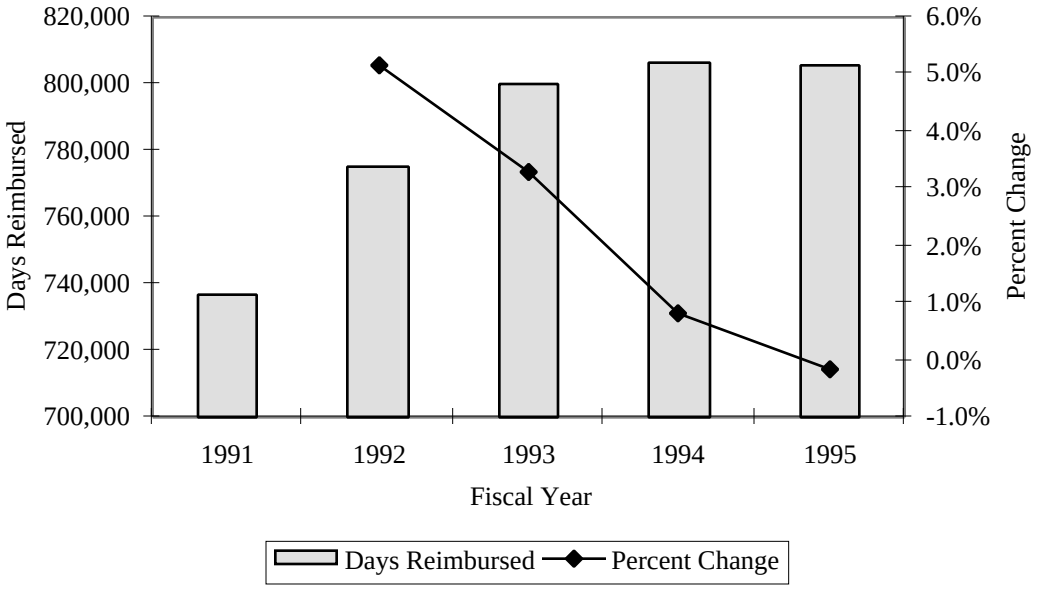
| Fiscal Year | Annual Payments | % Change | MONTHLY Payments | % Change | Reimbursed Days | % Change | Residents | % Change |
|---|---|---|---|---|---|---|---|---|
| 1991 | $343,064,295 | | $28,588,691 | | 736,767 | | 23,250 | |
| 1992 | $371,520,577 | 8.3% | $30,960,048 | 8.3% | 774,918 | 5.2% | 24,908 | 7.1% |
| 1993 | $421,551,061 | 13.5% | $35,129,255 | 13.5% | 800,285 | 3.3% | 25,917 | 4.0% |
| 1994 | $442,282,098 | 4.9% | $36,856,841 | 4.9% | 806,691 | 0.8% | 26,323 | 1.6% |
| 1995 | $492,866,371 | 11.4% | $41,072,198 | 11.4% | 805,259 | -0.2% | 26,378 | 0.2% |

**AVERAGE MONTHLY MEDICAID NURSING FACILITY PAYMENTS**

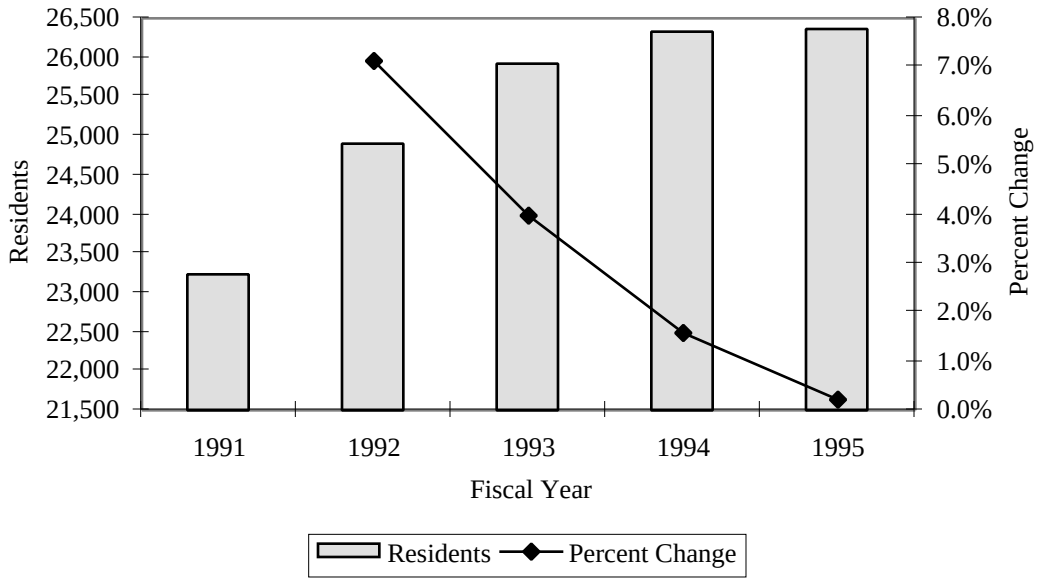


The average monthly number of reimbursed days increased at a decreasing rate from fiscal years 1992 to 1994 and then dropped slightly (-0.2 percent) in 1995. The average monthly number of nursing home residents increased at a decreasing rate every year since 1992. From 1991 to 1992, the number of residents increased seven percent; from 1994 to 1995, the increase was less than half of a percent.

**AVERAGE MONTHLY NUMBER OF MEDICAID NURSING FACILITY DAYS REIMBURSED**




**AVERAGE MONTHLY NUMBER OF MEDICAID NURSING FACILITY RESIDENTS**



# *Medicaid Payments for Alternative Services*

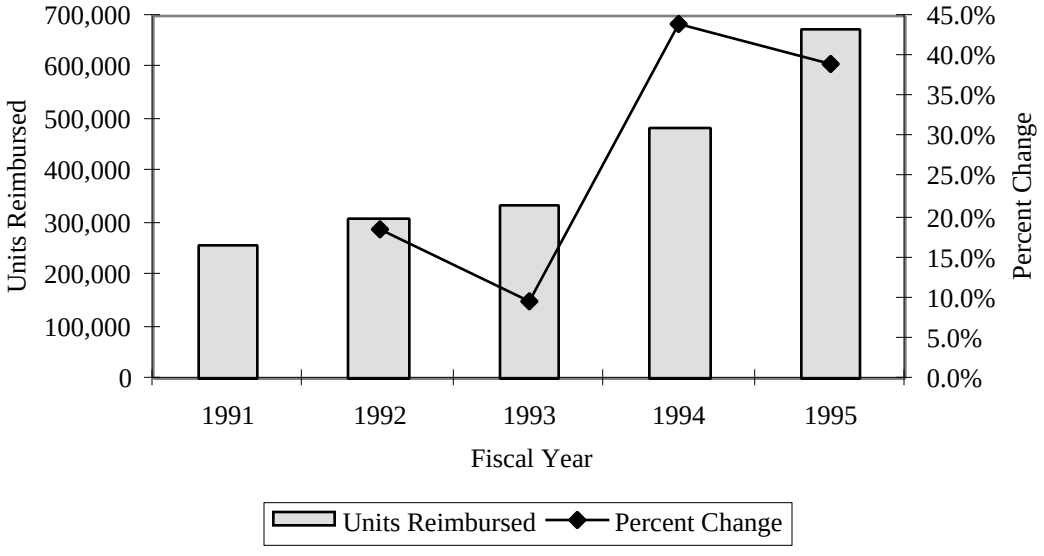
Medicaid expenditures for all alternative services (home health, adult day care, homemaker/respite care, personal care, AIDS waiver) clients, including MCO clients, more than doubled in the last five years, growing from $29.1 million in fiscal year 1991 to $84.6 million in 1995. The largest increases occurred during the last two fiscal years as payments increased 52 percent in fiscal year 1994 and 40 percent in 1995.

While rate increases played a part in growing payments, the large increases can be attributed primarily to the growth in recipients. From fiscal year 1993 to 1994, the number of alternative services clients increased by 3,616 persons; from 1994 to 1995, over 5,000 more people received alternative services. MCO was a major cause of increased recipients. From 1993 to 1994, the number of MCO clients increased by 1,563 persons; from 1994 to 1995, the client base grew by 3,818 persons.

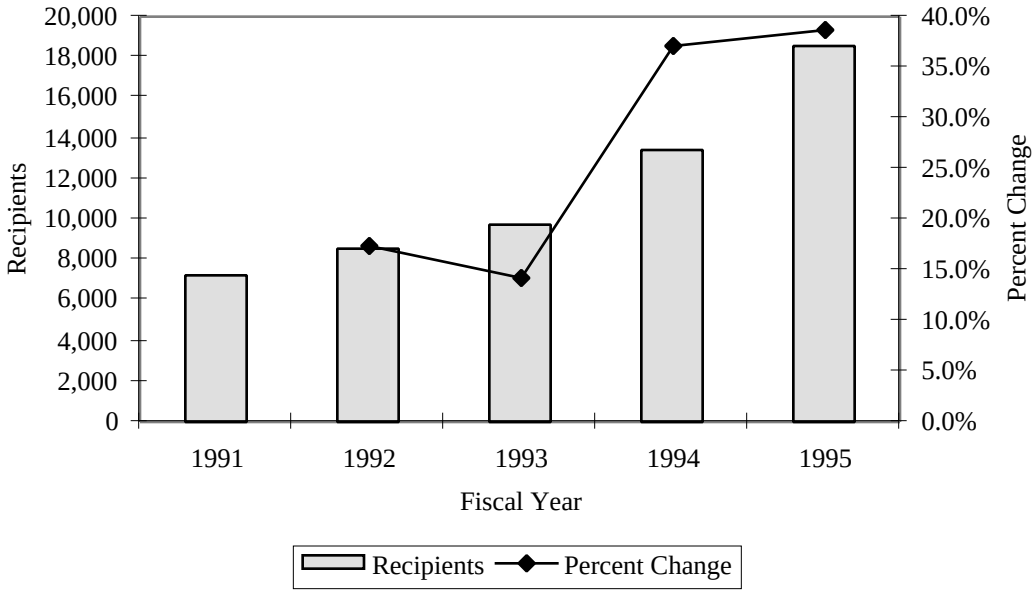
**MEDICAID ALTERNATIVE SERVICES STATISTICS**

| Fiscal Year | Annual Payments | % Change | MONTHLY Payments | % Change | Reimbursed Units | % Change | Recipients | % Change |
|---|---|---|---|---|---|---|---|---|
| 1991 | $29,146,184 | | $2,428,849 | | 259,579 | | 7,267 | |
| 1992 | $36,006,181 | 23.5% | $3,000,515 | 23.5% | 307,337 | 18.4% | 8,535 | 17.4% |
| 1993 | $39,640,849 | 10.1% | $3,303,404 | 10.1% | 336,862 | 9.6% | 9,753 | 14.3% |
| 1994 | $60,304,592 | 52.1% | $5,025,383 | 52.1% | 484,988 | 44.0% | 13,369 | 37.1% |
| 1995 | $84,645,143 | 40.4% | $7,053,762 | 40.4% | 675,182 | 39.2% | 18,547 | 38.7% |

**AVERAGE MONTHLY NUMBER OF MEDICAID ALTERNATIVE SERVICES UNITS REIMBURSED**



**AVERAGE MONTHLY NUMBER OF MEDICAID ALTERNATIVE SERVICES RECIPIENTS**




Around 88 percent of alternative services costs were for personal care services (63.4 percent), homemaker/respite care (22.3 percent) and adult day care (2.8 percent). Individually, each service also experienced large increases in expenditures over the last two years. From 1991 to 1995, personal care expenditures more than tripled, homemaker/respite care payments more than doubled and adult day care dollars almost doubled in size.

**MEDICAID ALTERNATIVE SERVICES EXPENDITURES**

| Fiscal Year | Adult Day Care | % Change | Homemaker/ Respite Care | % Change | Personal Care | % Change |
|---|---|---|---|---|---|---|
| 1991 | $1,247,333 | | $6,604,107 | | $15,205,215 | |
| 1992 | $1,683,101 | 34.9% | $8,045,839 | 21.8% | $20,219,882 | 33.0% |
| 1993 | $1,784,159 | 6.0% | $9,549,890 | 18.7% | $22,184,904 | 9.7% |
| 1994 | $2,177,667 | 22.1% | $14,370,536 | 50.5% | $36,746,729 | 65.6% |
| 1995 | $2,401,187 | 10.3% | $18,899,447 | 31.5% | $53,631,016 | 45.9% |

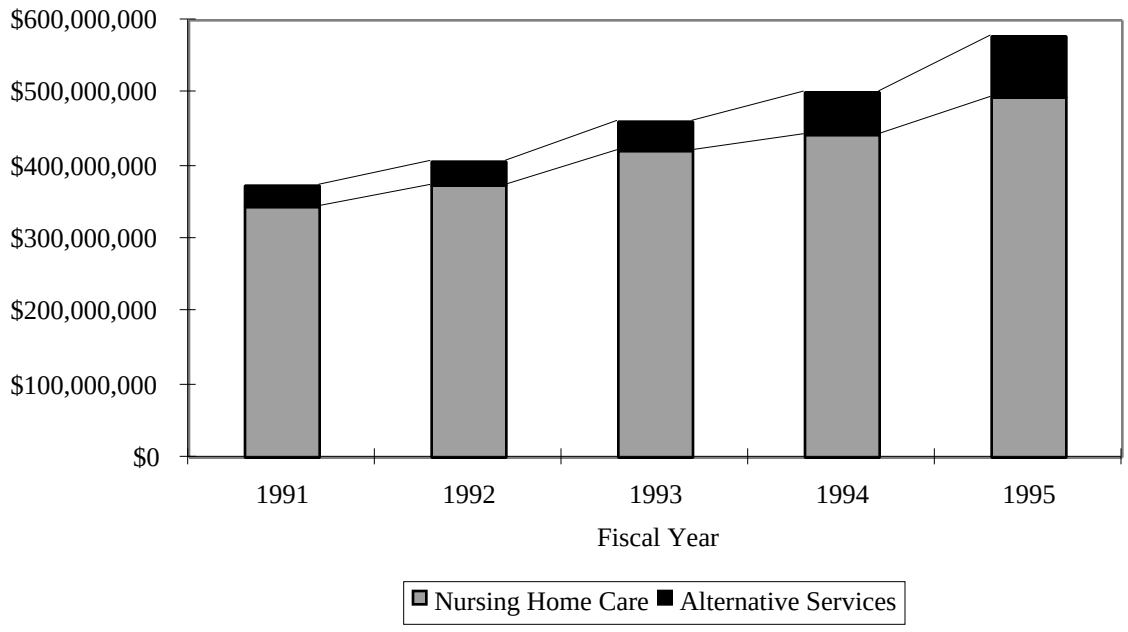
# *Medicaid Long-Term Care Expenditures*

Medicaid long-term care expenditures grew from $372 million in fiscal year 1991 to $577 million in fiscal year 1995, a 55 percent increase. In fiscal year 1991, nursing facility expenditures accounted for 92 percent of long-term care dollars. This percentage dropped by seven percent in fiscal year 1995. Meanwhile, alternative services expenditures picked up that seven percent, accounting for 15 percent of long-term care expenditures, up from eight percent in fiscal year 1991. Despite the rate adjustment in the nursing facility per diem rate, alternative services expenditures managed to increase its share of the total by three percent in fiscal year 1995 over the previous year.

**MEDICAID LONG-TERM CARE EXPENDITURES**

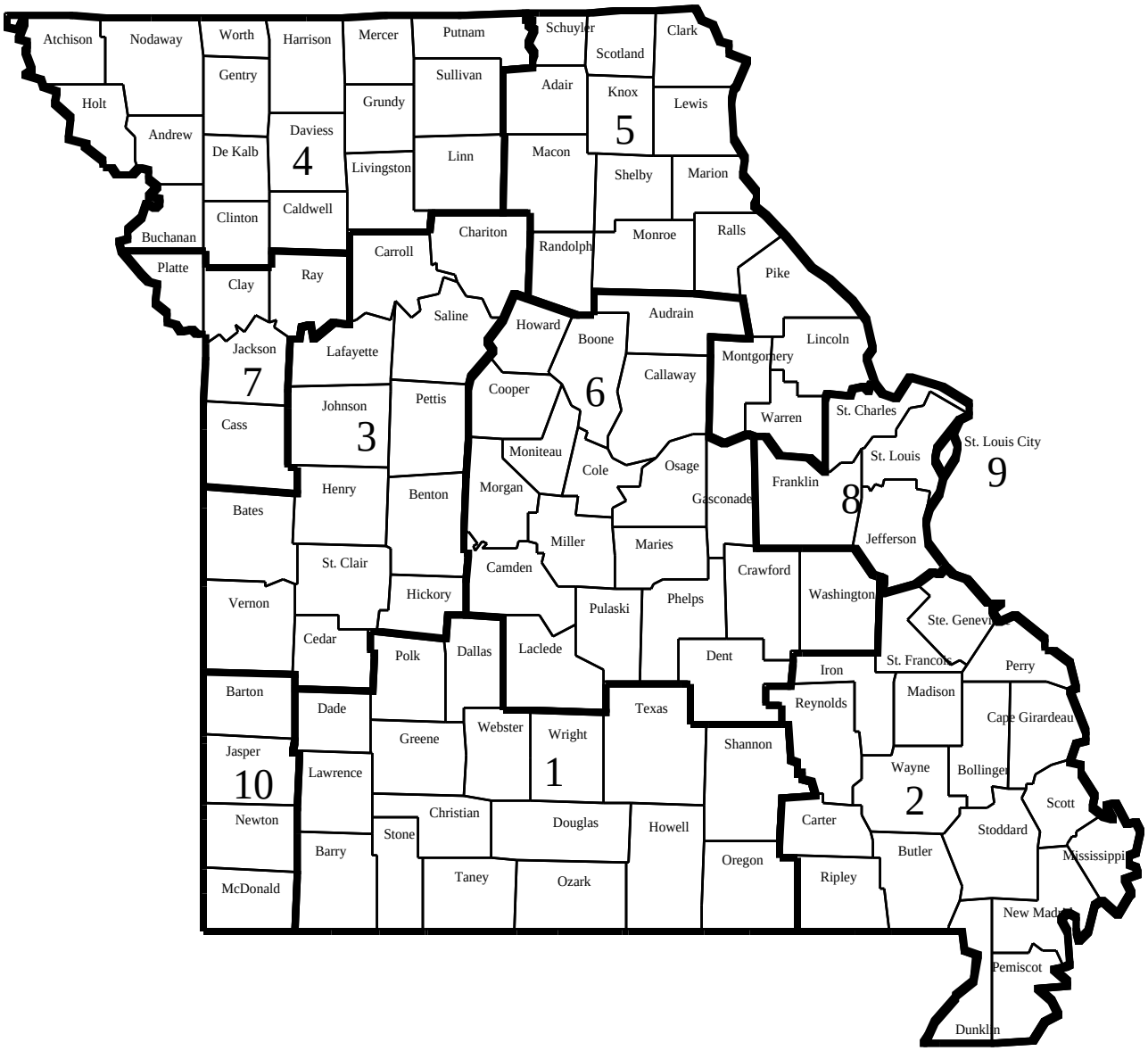
| Fiscal Year | Nursing Facility Expenditures | % of Total | Alternative Services Expenditures | % of Total | Total Expenditures |
|---|---|---|---|---|---|
| 1991 | $343,064,295 | 92% | $29,146,184 | 8% | $372,210,479 |
| 1992 | $371,520,577 | 91% | $36,006,181 | 9% | $407,526,758 |
| 1993 | $421,551,061 | 91% | $39,640,849 | 9% | $461,191,910 |
| 1994 | $442,282,098 | 88% | $60,604,092 | 12% | $502,586,190 |
| 1995 | $492,866,371 | 85% | $84,645,143 | 15% | $577,511,514 |

**MEDICAID LONG-TERM CARE EXPENDITURES**



# *APPENDIX*

# Appendix A. Missouri Division of Aging Regions




| | | | |
|---|---|---|---|
| 1 | South Central | 6 | Central |
| 2 | Southeast | 7 | Metro Kansas City |
| 3 | West Central | 8 | Metro St. Louis |
| 4 | Northwest | 9 | St. Louis City |
| 5 | Northeast | 10 | Southwest |

# Appendix B. MCO Client Base by County

| | | MCO CLIENTS | | NON-MCO CLIENTS | | |
|---|---|---|---|---|---|---|
| | | Home-Based | RCF | Nursing Home | Not Receiving Services | TOTAL |
| **REGION 1** | BARRY | 25 | 21 | 69 | 23 | 138 |
| | CHRISTIAN | 23 | 74 | 33 | 9 | 139 |
| | DADE | 21 | 0 | 27 | 5 | 53 |
| | DALLAS | 17 | 13 | 28 | 11 | 69 |
| | DOUGLAS | 22 | 1 | 24 | 7 | 54 |
| | GREENE | 119 | 55 | 545 | 93 | 812 |
| | HOWELL | 64 | 43 | 164 | 27 | 298 |
| | LAWRENCE | 23 | 10 | 102 | 9 | 144 |
| | OREGON | 30 | 0 | 28 | 15 | 73 |
| | OZARK | 15 | 0 | 19 | 3 | 37 |
| | POLK | 20 | 28 | 62 | 13 | 123 |
| | SHANNON | 29 | 10 | 8 | 5 | 52 |
| | STONE | 14 | 4 | 32 | 6 | 56 |
| | TANEY | 23 | 10 | 75 | 13 | 121 |
| | TEXAS | 21 | 16 | 45 | 12 | 94 |
| | WEBSTER | 26 | 9 | 50 | 9 | 94 |
| | WRIGHT | 23 | 6 | 41 | 17 | 87 |
| | ***REGIONAL TOTAL*** | **515** | **300** | **1,352** | **277** | **2,444** |
| **REGION 2** | BOLLINGER | 42 | 10 | 15 | 13 | 80 |
| | BUTLER | 107 | 69 | 157 | 46 | 379 |
| | CAPE GIRARDEAU | 56 | 43 | 232 | 39 | 370 |
| | CARTER | 25 | 4 | 4 | 4 | 37 |
| | DUNKLIN | 121 | 8 | 149 | 33 | 311 |
| | IRON | 18 | 12 | 45 | 4 | 79 |
| | MADISON | 22 | 3 | 64 | 19 | 108 |
| | MISSISSIPPI | 64 | 1 | 42 | 18 | 125 |
| | NEW MADRID | 125 | 2 | 53 | 14 | 194 |
| | PEMISCOT | 247 | 0 | 71 | 14 | 332 |
| | PERRY | 18 | 37 | 37 | 4 | 96 |
| | REYNOLDS | 35 | 1 | 9 | 1 | 46 |
| | RIPLEY | 38 | 9 | 25 | 6 | 78 |
| | ST. FRANCOIS | 43 | 75 | 108 | 51 | 277 |
| | STE. GENEVIEVE | 11 | 14 | 23 | 5 | 53 |
| | SCOTT | 101 | 18 | 109 | 31 | 259 |
| | STODDARD | 94 | 28 | 78 | 29 | 229 |
| | WAYNE | 20 | 20 | 25 | 11 | 76 |
| | ***REGIONAL TOTAL*** | **1,187** | **354** | **1,246** | **342** | **3,129** |
| **REGION 3** | BATES | 16 | 11 | 36 | 14 | 77 |
| | BENTON | 9 | 10 | 36 | 5 | 60 |
| | CARROLL | 9 | 0 | 29 | 3 | 41 |
| | CEDAR | 7 | 14 | 57 | 5 | 83 |
| | CHARITON | 12 | 2 | 26 | 3 | 43 |
| | HENRY | 22 | 13 | 64 | 24 | 123 |
| | HICKORY | 10 | 0 | 29 | 5 | 44 |
| | JOHNSON | 81 | 9 | 32 | 15 | 137 |

# Appendix B. MCO Client Base by County

| | | MCO CLIENTS | | NON-MCO CLIENTS | | |
|---|---|---|---|---|---|---|
| | | Home-Based | RCF | Nursing Home | Not Receiving Services | TOTAL |
| | LAFAYETTE | 51 | 8 | 70 | 7 | 136 |
| | PETTIS | 30 | 34 | 76 | 24 | 164 |
| | ST. CLAIR | 6 | 0 | 46 | 3 | 55 |
| | SALINE | 53 | 15 | 45 | 9 | 122 |
| | VERNON | 19 | 16 | 55 | 15 | 105 |
| | ***REGIONAL TOTAL*** | **325** | **132** | **601** | **132** | **1,190** |
| **REGION 4** | ANDREW | 2 | 1 | 31 | 6 | 40 |
| | ATCHISON | 9 | 0 | 25 | 4 | 38 |
| | BUCHANAN | 63 | 57 | 191 | 71 | 382 |
| | CALDWELL | 10 | 6 | 16 | 4 | 36 |
| | CLINTON | 9 | 0 | 48 | 2 | 59 |
| | DAVIESS | 22 | 3 | 16 | 6 | 47 |
| | DE KALB | 8 | 16 | 14 | 1 | 39 |
| | GENTRY | 14 | 2 | 25 | 4 | 45 |
| | GRUNDY | 21 | 11 | 23 | 10 | 65 |
| | HARRISON | 6 | 0 | 39 | 7 | 52 |
| | HOLT | 12 | 0 | 20 | 5 | 37 |
| | LINN | 29 | 9 | 30 | 12 | 80 |
| | LIVINGSTON | 9 | 4 | 51 | 6 | 70 |
| | MERCER | 3 | 6 | 7 | 2 | 18 |
| | NODAWAY | 31 | 10 | 33 | 14 | 88 |
| | PUTNAM | 3 | 3 | 17 | 2 | 25 |
| | SULLIVAN | 16 | 2 | 29 | 5 | 52 |
| | WORTH | 5 | 1 | 4 | 4 | 14 |
| | ***REGIONAL TOTAL*** | **272** | **131** | **619** | **165** | **1,187** |
| **REGION 5** | ADAIR | 41 | 26 | 62 | 15 | 144 |
| | CLARK | 7 | 0 | 13 | 8 | 28 |
| | KNOX | 5 | 11 | 11 | 5 | 32 |
| | LEWIS | 12 | 0 | 34 | 4 | 50 |
| | LINCOLN | 4 | 45 | 42 | 5 | 96 |
| | MACON | 10 | 4 | 35 | 12 | 61 |
| | MARION | 31 | 48 | 122 | 20 | 221 |
| | MONROE | 10 | 7 | 12 | 4 | 33 |
| | MONTGOMERY | 9 | 21 | 26 | 0 | 56 |
| | PIKE | 19 | 11 | 32 | 10 | 72 |
| | RALLS | 5 | 2 | 19 | 4 | 30 |
| | RANDOLPH | 26 | 22 | 74 | 12 | 134 |
| | SCHUYLER | 18 | 0 | 16 | 6 | 40 |
| | SCOTLAND | 32 | 3 | 14 | 4 | 53 |
| | SHELBY | 8 | 1 | 22 | 5 | 36 |
| | WARREN | 7 | 1 | 29 | 3 | 40 |
| | ***REGIONAL TOTAL*** | **244** | **202** | **563** | **117** | **1,126** |

# Appendix B. MCO Client Base by County

| | | MCO CLIENTS | | NON-MCO CLIENTS | | |
|---|---|---|---|---|---|---|
| | | Home-Based | RCF | Nursing Home | Not Receiving Services | TOTAL |
| **REGION 6** | AUDRAIN | 16 | 12 | 38 | 24 | 90 |
| | BOONE | 72 | 40 | 232 | 48 | 392 |
| | CALLAWAY | 10 | 9 | 42 | 4 | 65 |
| | CAMDEN | 37 | 4 | 54 | 13 | 108 |
| | COLE | 20 | 12 | 109 | 15 | 156 |
| | COOPER | 8 | 5 | 27 | 6 | 46 |
| | CRAWFORD | 15 | 31 | 34 | 9 | 89 |
| | DENT | 16 | 6 | 31 | 8 | 61 |
| | GASCONADE | 11 | 6 | 56 | 11 | 84 |
| | HOWARD | 14 | 16 | 21 | 1 | 52 |
| | LACLEDE | 52 | 22 | 72 | 12 | 158 |
| | MARIES | 6 | 2 | 23 | 5 | 36 |
| | MILLER | 18 | 0 | 36 | 17 | 71 |
| | MONITEAU | 7 | 9 | 20 | 1 | 37 |
| | MORGAN | 31 | 11 | 35 | 8 | 85 |
| | OSAGE | 8 | 0 | 25 | 2 | 35 |
| | PHELPS | 18 | 18 | 65 | 21 | 122 |
| | PULASKI | 49 | 7 | 34 | 9 | 99 |
| | WASHINGTON | 22 | 11 | 35 | 10 | 78 |
| | ***REGIONAL TOTAL*** | **430** | **221** | **989** | **224** | **1,864** |
| **REGION 7** | CASS | 40 | 23 | 118 | 16 | 197 |
| | CLAY | 25 | 54 | 300 | 30 | 409 |
| | JACKSON | 177 | 223 | 1,507 | 324 | 2,231 |
| | PLATTE | 11 | 25 | 119 | 21 | 176 |
| | RAY | 30 | 3 | 43 | 3 | 79 |
| | ***REGIONAL TOTAL*** | **283** | **328** | **2,087** | **394** | **3,092** |
| **REGION 8** | FRANKLIN | 61 | 17 | 171 | 40 | 289 |
| | JEFFERSON | 59 | 121 | 197 | 33 | 410 |
| | ST. CHARLES | 41 | 29 | 214 | 50 | 334 |
| | ST. LOUIS COUNTY | 287 | 274 | 1,585 | 315 | 2,461 |
| | ***REGIONAL TOTAL*** | **448** | **441** | **2,167** | **438** | **3,494** |
| **REGION 9** | ST. LOUIS CITY | 327 | 265 | 987 | 311 | 1,890 |
| | ***REGIONAL TOTAL*** | **327** | **265** | **987** | **311** | **1,890** |
| **REGION 10** | BARTON | 8 | 11 | 19 | 13 | 51 |
| | JASPER | 68 | 120 | 217 | 40 | 445 |
| | MCDONALD | 15 | 18 | 10 | 7 | 50 |
| | NEWTON | 24 | 14 | 155 | 30 | 223 |
| | ***REGIONAL TOTAL*** | **115** | **163** | **401** | **90** | **769** |
| | **STATE TOTAL** | **4,146** | **2,537** | **11,012** | **2,490** | **20,185** |

# Appendix C. Rate Increases and Rates

| Medicaid Per Diem Rate Increases for Nursing Facilities | |
|---|---|
| July 1, 1990 | Readjustment of base rates/$0.97 minimum increase |
| April 1, 1990 | $1.06 |
| July 1, 1992 | $4.70 |
| January 1, 1994 | $0.38 |
| January 1, 1995 | Readjustment of base rates/$11.69 average increase |

**Alternative Services Rates**

***Homemaker and Basic Personal Care:***

| | |
|---|---|
| July 1, 1990 | $8.30 |
| April 1, 1991 | $8.96 |
| July 1, 1992 | $9.11 |
| July 1, 1993 | $9.61 |
| July 1, 1994 | $9.86 |
| July 1, 1995 | $10.36 |

***Advanced Personal Care:***

| | |
|---|---|
| July 1, 1992 | $11.61 |
| July 1, 1993 | $12.11 |
| July 1, 1994 | $14.61 |

***Respite, in-home 12-hour:***

| | |
|---|---|
| Sept. 1, 1985 | $35.00 |
| July 1, 1992 | $40.00 |

***Respite, in-home 1 hour:***

| | |
|---|---|
| July 1, 1992 | $6.11 |
| July 1, 1993 | $7.11 |
| July 1, 1994 | $7.36 |

***Adult day care (1 day):***

| | |
|---|---|
| Since 1982 | $27.00 |
| July 1, 1992 | $32.00 |
| July 1, 1994 | $33.50 |

***RN Visits:***

| | |
|---|---|
| July 1, 1985 | $22.00 |
| July 1, 1990 | $25.00 |